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Search
L/Cook 12/24/04

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(FILE 'HOME' ENTERED AT 13:57:24 ON 24 DEC 2004)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT 13:57:44 ON 24 DEC 2004

L1	12392	S (TYPE II DIABETES)
L2	578	S L1 AND MARKER?
L3	46	S L2 AND REVIEW?
L4	31	DUPLICATE REMOVE L3 (15 DUPLICATES REMOVED)
L5	222	S (PEPTIDE MARKER)
L6	1	S L5 AND L1
L7	1066	S L1 AND PEPTIDE?
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L10	2	S (DETECTION OF TYPE II DIABETES)
L11	2	DUPLICATE REMOVE L10 (0 DUPLICATES REMOVED)
L12	262	S L1 AND DETECTION
L13	22	S L12 AND PEPTIDE?
L14	35	S L12 AND MARKER
L15	7	S L14 AND L13
L16	6	DUPLICATE REMOVE L15 (1 DUPLICATE REMOVED)

=>

ANSWER 21 OF 31 BIOSIS COPYRIGHT (c) 2004 The Thomson Corporation. on STN DUPLICATE 5

AN 1998:95497 BIOSIS

DN PREV199800095497

TI Multifactorial aspects of the treatment of the type II diabetic patient.

AU Colwell, John A. [Reprint author]

CS Diabetes Cent., Med. Univ. South Carolina, Charleston, SC 29425, USA

SO Metabolism Clinical and Experimental, (Dec., 1997) Vol. 46, No. 12 SUPPL. 1, pp. 1-4. print.
CODEN: METAAJ. ISSN: 0026-0495.

DT Article

LA English

ED Entered STN: 25 Feb 1998
Last Updated on STN: 25 Feb 1998

AB People with **type II diabetes** have a twofold to fourfold increased risk of dying from the complications of cardiovascular disease. Atherosclerosis and vascular thrombosis are major contributors. The increased risk is present before fasting hyperglycemia is seen. These individuals often have a sedentary life-style, poor physical conditioning, insulin resistance, centripetal obesity, hypertension, dyslipidemia, and a prothrombotic state. Chronic hyperglycemia is then added to these risk **markers**. Microalbuminuria may precede hyperglycemia in **type II diabetes**, occurs in 30% to 40% of these individuals after diabetes is established, and is a predictor of cardiovascular events. Early intervention in high-risk individuals may delay or prevent fasting hyperglycemia. An all-inclusive approach that focuses on early risk factor (or **marker**) identification and management to prevent or delay accelerated atherosclerosis and thrombosis in **type II diabetes** is an attractive strategy. However, the database to support this strategy is limited. In particular, large-scale prospective trial data are not available to support the concept of intensive glycemic regulation to prevent progression of macrovascular disease in **type II diabetes**. This is in contrast to the situation regarding microvascular disease of the eyes and kidneys. Recently, indirect data of a correlative nature have emerged, and short- and long-term prospective trials at early and late stages of **type II diabetes** are now being reported. These studies are analyzed and interpreted in this report. In contrast, the database to support an intensive antiplatelet regimen to prevent vascular thrombotic events in people with **type II diabetes** is large, and these studies are **reviewed**. They are of a type and magnitude to allow definite recommendations for aspirin therapy in **type II diabetes**. Aggressive therapy directed at hypertension, hyperlipidemia, and elevated urinary albumin in people with **type II diabetes** appears to be indicated. Increased attention to the multifactorial aspects of treatment of the type II diabetic patient is needed. Our present challenge is to translate these findings for patients and primary health care providers so that effective actions may be implemented.

CC Metabolism - Metabolic disorders 13020
Cytology - Human 02508
Biochemistry studies - General 10060
Pathology - General 12502
Pathology - Therapy 12512
Cardiovascular system - General and methods 14501
Blood - General and methods 15001
Urinary system - General and methods 15501
Endocrine - General 17002
Pharmacology - General 22002

IT Major Concepts
Clinical Endocrinology (Human Medicine, Medical Sciences); Metabolism

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Clinical Endocrinology (Human Medicine, Medical Sciences); Metabolism

IT Diseases
albuminuria: urologic disease
Albuminuria (MeSH)
IT Diseases
atherosclerosis: vascular disease
Arteriosclerosis (MeSH)
IT Diseases
hyperglycemia: metabolic disease
Hyperglycemia (MeSH)
IT Diseases
hyperlipidemia: metabolic disease
Hyperlipidemia (MeSH)
IT Diseases
hypertension: vascular disease
Hypertension (MeSH)
IT Diseases
type II diabetes: endocrine
disease/pancreas
Diabetes Mellitus, Non-Insulin-Dependent (MeSH)
IT Diseases
vascular thrombosis: vascular disease
IT Chemicals & Biochemicals
aspirin: antiplatelet activity
IT Methods & Equipment
antiplatelet therapy: therapeutic method
IT Miscellaneous Descriptors
treatment: multifactorial aspects
ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human: patient
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates
RN 50-78-2 (aspirin)

IT Diseases
albuminuria: urologic disease
Albuminuria (MeSH)
IT Diseases
atherosclerosis: vascular disease
Arteriosclerosis (MeSH)
IT Diseases
hyperglycemia: metabolic disease
Hyperglycemia (MeSH)
IT Diseases
hyperlipidemia: metabolic disease
Hyperlipidemia (MeSH)
IT Diseases
hypertension: vascular disease
Hypertension (MeSH)
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ANSWER 15 OF 31 CAPLUS COPYRIGHT 2004 ACS on STN
AN 2001:225185 CAPLUS
DN 135:235635
ED Entered STN: 30 Mar 2001
TI Comments to: Yudkin J, Panahloo A, Stenhouwer C et al. (2000) The influence of improved glycemic control with insulin and sulphonylureas on acute phase and endothelial markets in type II diabetic subjects. Diabetologia 43: 1099-1106
AU Fernandez-Real, J.-M.; Ricart, W.
CS Unitat de Diabetes, Endocrinologia i Nutricio, Hospital de Girona, Girona, 17007, Spain
SO Diabetologia (2001), 44(4), 518-519
CODEN: DBTGAJ; ISSN: 0012-186X
PB Springer-Verlag
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB The title research of Yudkin J, Panahloo A, Stenhouwer C et al., 2000, is **reviewed** with commentary and 8 refs. The lack of significant changes in the endothelial **markers** in Type II (non-insulin-dependent) diabetes mellitus despite improved insulin sensitivity was found to be intriguing. It is commented that the use of metformin or thiazolidenediones to test whether the drugs might affect insulin action and acute **markers** concomitantly would have been more informative. The authors have uncovered interesting aspect about the pathophysiol. of inflammatory **markers** in **Type II diabetes**. Some field conditions with an acknowledge impact on vascular function are difficult to control. The genetic susceptibility to inflammation and insulin resistance contributes to a vicious cycle of events that cannot be prevented once **Type II diabetes** has become manifest.
ST **review** insulin sulfonylurea antidiabetic endothelial **marker** NIDDM
IT Antidiabetic agents
Susceptibility (genetic)
(influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markets in type II diabetic humans)
IT Sulfonylureas
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markets in type II diabetic humans)
IT Diabetes mellitus
(non-insulin-dependent; influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markets in type II diabetic humans)
IT 9004-10-8, Insulin, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markets in type II diabetic humans)
RE.CNT 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Bak, J; Diabetes Res Clin Pract 1991, V14(Suppl 2), PS61
(2) Desfaits, A; Diabetes Care 1998, V21, P487 MEDLINE
(3) Fernandez-Real, J; Diabetologia 1999, V42, P1367 CAPLUS
(4) Hingorani, A; Circulation 2000, V102, P994 CAPLUS
(5) Vallejo, S; J Diabetes Complications 2000, V14, P224 MEDLINE
(6) Williams, S; Circulation 1998, V97, P1695 CAPLUS
(7) Yudkin, J; Atherosclerosis 2000, V148, P209 CAPLUS

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(8) Yudkin, J; Diabetologia 2000, V43, P1099 CAPLUS

L4 ANSWER 16 OF 31 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999184466 EMBASE
TI Clinical value of ambulatory blood pressure monitoring.
AU Mallion J.-M.; Baguet J.-P.; Siche J.-P.; Tremel F.; De Gaudemaris R.
CS J.-M. Mallion, Medecine Interne et Caidiologie, CHU de Grenoble, BP 217 X, 38043 Grenoble Cedex 9, France
SO Journal of Hypertension, (1999) 17/5 (585-595).
Refs: 131
ISSN: 0263-6352 CODEN: JOHYD3
CY United Kingdom
DT Journal; General Review
FS 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LA English
SL English
AB Ambulatory blood pressure monitoring (ABPM) has now become an established clinical tool. It is appropriate to take stock and assess the situation of this technique. Update on equipment. Important improvements in equipment have occurred, with reductions in weight in awkwardness and in noisiness of the machines, better acceptability and tolerance by the patients, and better reliability. Validation programmes have been proposed and should be referred to. Limitations of the technique persist with intermittent recording in current practice. The reproducibility is limited in the short-term while recording over 24 h is acceptable. Diagnosis and prognosis. White-coat effect (WCE) is manifested as a transient elevation in blood pressure during the medical visit. The frequency of this phenomenon, the size of the effect, age, sex and level of blood pressure (BP) or the situation of occurrence (general practitioner, specialist or nurse) have been interpreted differently. It does not seem that WCE predicts cardiovascular morbidity or mortality. White-coat hypertension (WCH) is diagnosed on the evidence of abnormal clinical measures of BP and normal ABPM. The latest upper limits of normality by ABPM recommended by the JNCVI are < 135/85 mmHg while patients are awake and < 120/75 mmHg while patients are asleep. If we accept these upper limits of normality in ABPM, WCH does not appear to be a real problem as regards risk factors or end-organ effects. In terms of prognosis, data are limited. Cardiovascular morbidity seems low in WCH but identical to that of hypertensive subjects in these studies. However, further studies are needed to confirm these results. WCH does not appear to benefit from anti-hypertensive treatment. It is obvious that the lower the BP regarded as the limit of normality, the less likely the occurrence of secondary effects of metabolism, or end-organ effects or complications in those classified as hypertensive. 24 hour cycle. One of the most specific characteristics of ABPM is the possibility of being able to discover modification or alteration of the 24 h cycle of BP. Non-dippers are classically defined as those who show a reduction in BP of less than 10/5 mmHg or 10% between the day (06.00-22.00 h) and the night, or an elevation in BP. In contrast, extreme dippers are those in whom the BP reduction is greater than 20%. Cardiovascular system. The data remain inconclusive with regard to the existence of a consistent relationship between the lack of a nocturnal dip in blood pressure and target organ damage. As regards prognosis, it seems that an inversion of the day-night cycle is of pejorative significance. Cerebrovascular system. Almost all studies have shown that non-dippers had a significantly higher frequency of stroke than dippers. In contrast, too great a fall in nocturnal BP may be responsible for more marked cerebral ischaemia. Renal system. Non-dippers have a significantly elevated median urinary excretion of albumin. There is a significant correlation between the systolic BP and nocturnal diastolic BP, and urinary excretion of albumin. Various studies

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Refs: 131
ISSN: 0263-6352 CODEN: JOHYD3
CY United Kingdom
DT Journal; General Review
FS 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LA English
SL English
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have confirmed the increased frequency of change in the 24 h cycle in hypertensive subjects at the stage of renal failure. Diabetes. BP abnormalities should be considered as **markers** of an elevated risk in diabetic subjects but cannot be considered at present as predictive of the appearance of micro-albuminuria or other abnormalities. ABPM is thus of interest in type I or **type II** **diabetes** both in the initial assessment and in the follow-up and adaptation of treatment. Pharmaco-therapeutic uses. The introduction of ABPM has truly changed the means and possibilities of approach to the study of the effects of anti-hypertensive medications, with new possibilities of analysis such as trough-peak ratio smoothness index, etc.

CT Medical Descriptors:
*blood pressure monitoring
*ambulatory monitoring
medical instrumentation
validation process
medical practice
white coat hypertension: DI, diagnosis
white coat hypertension: DT, drug therapy
blood pressure measurement
cardiovascular disease
morbidity
mortality
risk factor
prognosis
metabolism
cerebrovascular disease: EP, epidemiology
stroke: EP, epidemiology
kidney disease: EP, epidemiology
proteinuria: EP, epidemiology
microalbuminuria: EP, epidemiology
insulin dependent diabetes mellitus: EP, epidemiology
non insulin dependent diabetes mellitus: EP, epidemiology
human
review
priority journal
Drug Descriptors:
antihypertensive agent: DT, drug therapy
antihypertensive agent: PD, pharmacology
albumin: EC, endogenous compound

have confirmed the increased frequency of change in the 24 h cycle in hypertensive subjects at the stage of renal failure. Diabetes. BP abnormalities should be considered as **markers** of an elevated risk in diabetic subjects but cannot be considered at present as predictive of the appearance of micro-albuminuria or other abnormalities. ABPM is thus of interest in type I or **type II diabetes** both in the initial assessment and in the follow-up and adaptation of treatment. Pharmaco-therapeutic uses. The introduction of ABPM has truly changed the means and possibilities of approach to the study of the effects of anti-hypertensive medications, with new possibilities of analysis such as trough-peak ratio smoothness index, etc.

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white coat hypertension: DT, drug therapy
blood pressure measurement
cardiovascular disease
morbidity
mortality
risk factor
prognosis
metabolism
cerebrovascular disease: EP, epidemiology
stroke: EP, epidemiology
kidney disease: EP, epidemiology
proteinuria: EP, epidemiology
microalbuminuria: EP, epidemiology
insulin dependent diabetes mellitus: EP, epidemiology
non insulin dependent diabetes mellitus: EP, epidemiology
human
review
priority journal
Drug Descriptors:
antihypertensive agent: DT, drug therapy
antihypertensive agent: PD, pharmacology
albumin: EC, endogenous compound

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L10            2 S (DETECTION OF TYPE II DIABETES)
L11            2 DUPLICATE REMOVE L10 (0 DUPLICATES REMOVED)
L12          262 S L1 AND DETECTION
L13           22 S L12 AND PEPTIDE?
L14           35 S L12 AND MARKER
L15            7 S L14 AND L13
L16            6 DUPLICATE REMOVE L15 (1 DUPLICATE REMOVED)

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